

ISSUE SLIP STATEMENT REVIEW (for original cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	m. G		10/22/99
O.I.P.E. CLASSIFIER		7	10/28/99
FORMALITY REVIEW	RS	61730	11-9

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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